

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G85271

1. Entity Name

BRINTNALL PRODUCTS, INC.

Principal Place of Business
370 109 BUSINESS PARK WAY.
ROYAL PALM BEACH FL 33411

Mailing Address
370 109 BUSINESS PARK WAY.
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2372904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRINTNALL, WILLIAM E.
12789 WESTPORT CIRCLE
WEST PALM BEACH FL 33414

Name Cynthia B. Brintnall

Street Address (P.O. Box Number is Not Acceptable)
12789 Westport Circle

City West Palm Beach FL Zip Code 33414

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Cynthia B. Brintnall president

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 6/28/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP
NAME BRINTNALL, WILLIAM E.
STREET ADDRESS 12789 WESTPORT CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL ☒ Delete

TITLE D
NAME BRINTNALL, CYNTHIA B.
STREET ADDRESS 12789 WESTPORT CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE VP
NAME BRINTNALL, MARK F.
STREET ADDRESS 1291 ANHINGA DRIVE.
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

Cynthia B. Brintnall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/01 564-793-5872
Date Daytime Phone #

FILED
Jul 06, 2001 8:00 am
Secretary of State

07-06-2001 90207 024 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)